NHS South West Clinical Senate

Citizens Assembly Views on Neighbourhood Health

Presented by:
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What do we want from Neighbourhood Health Hubs

- Easy to access services, including evenings and weekends
- Low-intensity mental health support close to home
- Clear signposting, drop-in advice (e.g., housing, debt, healthy eating)
- Support from carers and practical help (e.g. mobility aids, laundry)
- Preventative care: screenings, health education
- Community-led support: self-help groups, social prescribing

Challenges and Opportunities

Challenges

- Limited public understanding of neighbourhood teams
- Workforce shortages, especially in rural areas
- Infrastructure and digital integration gaps
- Financial pressures and reliance on unpaid carers
- Risk of replicating siloed medical models

Opportunities

- Repurposing community hospital space
- Multidisciplinary teams including pharmacists and dentists
- Strong VCFSE (voluntary, community, faith and social enterprise) sector partnerships
- Shared patient records and systems
- Proactive care and prevention focus

User Stories

Behind the care: what it's really like to be an Unpaid Carer

Carers report has many comments that highlight the lack of join up between the three sectors – NHS, Social Care, and the VCFSE. Pat's story shows a gap in the transition to adult services (CAMHS and Adult MH).

Holsworthy Farm : a drop-in medical clinic for farmers based in the livestock market. In 2022, a monthly blood pressure monitoring clinic began in the market cafe. The vision was that these simple clinics would enable a means of signposting those who needed it to appropriate provision, including mental health support.

"I wondered why I kept having so much chest pain. As it goes you identified I had pretty high blood pressure which apparently could have caused me to have had a heart attack. Now I'm on some medication and I feel right as rain. I trust you because you speak in my language and do not make me feel stupid as I haven't got the time to try and work out what the jargon means".

NHS / Private Interface: 69-Year-old male with an episode of AF was seen by GP and referred to A&E, NHS Ambulatory Care initiated Bisoprolol and referred to cardiologist 3 weeks later he chased up hospital app - still waiting. Patient chose to seek private medical care, because of NHS waiting times and saw a Consultant, a request to change to Digoxin was sent to the GP in a formal letter. The surgery refused to prescribe because of medico-legal responsibility for safe prescribing when the prescribing decision was made by a private Doctor.

Neuro rehabilitation in Somerset for people with an Acquired Brain Injury (ABI)

Neuro rehab report has some examples of the consequences of not having a joined-up approach around treatments, rehabilitation, and continuing needs for people with an acquired brain injury.

Strategic Requirements for the Future

- Shift from clinical silos as seen through the medical lens
- Require a holistic community-based care – not continuation of what we are delivering now but in a different place
- Align with NHS 10-Year Health Plan to tackle social determinants of health
- Utilise available statutory and voluntary sector resources
- Design inclusive services for diverse populations
- Communicate transparency to build public trust
- Protect the public voice by sustaining Healthwatch and grassroots networks